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CLINICAL REPORT

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RESOR-BISNOL.

CLINICAL REPORT.

BELLEVUE HOSPITAL, NEW YORK CITY,
(Fordham Branch)

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To the Editor of The American Gynecological and Obstetrical Journal:

SIR:

For the past six weeks we have been studying the therapeutic uses of Resor-Bisnol, a new intestinal antiseptic, in the wards of Fordham Hospital, the outlying branch of Bellevue Hospital, covering the greater part of Bronx Borough. According to the formula submitted by its manufacturers, each 100 parts of Resor-Bisnol contain 20 parts resorcin and 52 parts bismuth oxid, in combination with antiseptic acids of the phenol series. With such a combination of tried and efficient therapeutic agents, we naturally expected *a priori* to obtain good results by the administration of the preparation and that we were not disappointed the reports of the following cases will attest.

A young man, aged 25, was admitted to the hospital suffering with a severe and intractable diarrhoea that had for three weeks resisted all the efforts of the local physicians. He had numerous small painful passages of blood and mucus with occasional passages of large quantities of offensive brownish fluid containing very little fecal matter. There was nearly constant pain, irritability, and a desire to go to stool, with colic, stranguary and occasional vomiting. His tongue was coated with a heavy fur. There was an elevation of temperature varying 100° to 102.5° F. The prostration was marked, the heart's action rapid and feeble, and slight

symptoms of cerebral intoxication from septic poisoning had begun to manifest themselves. We recognized the fact that we had a serious case to deal with and immediately commenced the most energetic treatment. The colon was emptied of feces by an ounce of oleum ricini. The patient was placed upon a diet consisting of peptonized milk exclusively. The bowel was irrigated four times in twenty-four hours with a hot solution of bichlorid of mercury, 1 to 5000, and every three hours, day and night, a suppository containing one grain of deodorized opium, one-eighth grain of the alcoholic extract of belladonna, and one-tenth grain of cocain hydrochlorat was introduced high into the rectum. This naturally made the rectal mucous membrane more tolerant and thus relieved the distressing tenesmus. Salol was administered by mouth in doses of 5 grains every three hours. This was replaced after two days by the exhibition once a day of large doses of ipecac (30 grains) given by mouth fifteen minutes after a hypodermatic injection of a quarter grain of morphin sulphate. This plan of treatment was carried out for eight days altogether, at the expiration of which time the patient's condition had slightly improved, but the fluid passages were still copious and ill-smelling, and, moreover, another symptom had arisen that caused no little distress. This was an obstinate flatus, brought about, no doubt, by the opium suppositories. It thus became evident to us that an

intestinal antiseptic was indicated. Another dose of oleum ricini was given and the salol was again administered but proved inefficient, and, was therefore promptly discarded. Naphthalin was next brought into requisition but met with a similar fate. So also betanaphthol bismuth. It was then that Resor-Bisnol was tried. We found that the most agreeable and convenient way of administering it was in cachets of 15 grains each, in which form it is put up by the manufacturers, ready for dispensing. One cachet was given every three hours day and night. The good effects were at once apparent. The first improvement was noticed in the stomach, which organ had given us considerable trouble throughout the entire course of the disease by its irritability. This symptom was promptly relieved. The next bird we hit was the one at which we had aimed our stone, namely, the flatus. It seemed as if the combination was absolutely inimical to the growth and development of the putrefactive micro-organisms present in our patient's alimentary canal, for at the expiration of twenty-four hours not a vestige of the flatus was left. But our blow went still further. After two days the astringent and curative effects of the drug became manifest, for the diarrhoea began to abate to the extent that the patient had only three stools in twenty-four hours, and these were partly formed. The number of cachets was then reduced to four per day. This dosage was continued until convalescence was established, which occurred on the sixth day after the administration of Resor-Bisnol had been commenced. The fact that struck us most forcibly in the results obtained by this preparation, and one that we might have surmised by a study of its formula, was its *singular and unique efficiency* in disinfecting the entire gastro-intestinal canal from the cardiac orifice of the stomach to the anal outlet.

This case is described more at length because we consider it representative of a number of cases of acute and sub-acute gastro-intestinal affections in which we have obtained equally as good results with the remedy in question. A case of tubercular colitis treated by Resor-Bisnol seems to be of sufficient interest to warrant a short description of it here. The patient, a laborer about 30 years of age, had suffered from pulmonary tuberculosis for about year and a half, and had been treated with some little success by the alternating use of the various creosote preparations, so that his general condition was not very much impaired, when suddenly a tubercular colitis set in, with profuse, watery evacuations containing no inconsiderable amount of blood, some necrotic shreds of tissue, and undigested particles of food.

At the time of observation the diarrhoea had lasted three months and the patient was very much emaciated. A goodly number of intestinal antiseptics were administered; also, acetate of lead and morphine. The mineral acids were then tried. Nothing seemed to exert any real and lasting effect upon the course of the disease until Resor-Bisnol was administered. It was given in doses of four cachets a day. Owing to the nature of the disease it required ten days' administration of the preparation before any marked change set in. The number of evacuations became diminished in frequency and amount, they became of a less offensive character, and, macroscopically at least, no blood could be discerned. The breath lost its offensive character, the eructations ceased and the stomach again tolerated adequate quantities of food. The improvement was rapid and uninterrupted until at the expiration of six weeks' administration of Resor-Bisnol the patient was entirely cured as far as his gastro-intestinal symptoms were

concerned, and soon began to gain flesh and strength.

Resor-Bisnol was also administered in a case of typhoid fever, one cachet every three hours night and day. Here it reduced the number of stools per day, but in a manner quite different from that obtained by the use of opium or the ordinary astringents, for far from producing or increasing an already existing tympanites, it seems to counteract the process, so that our case was entirely free from the distressing symptom from the beginning to the end of the disease. While, of course, we must chiefly describe the circumstances that there was an entire absence of cerebral symptoms, to the energetic application of the Brand treatment, it seemed to us that the antagonistic action of our intestinal antiseptic to the growth and development of the micro-organisms and the consequent inhibition of the production and absorption of their toxins, contributed no significant part in diminishing the severity of the disease and insuring the comfort of our patient.

The sedative and anti-emetic properties of the remedy were nicely demonstrated in a case of alcoholic gastritis. In this patient there was persistent vomiting and retching, a heavily coated tongue, a fetid breath, and obstinate constipation. As the stomach immediately rejected all food and medicine, that organ was allowed to remain perfectly at rest for twenty-four hours, not even water being given by mouth. As the vomiting still persisted to a moderate degree at the expiration of that time a combination of dilute hydrocyanic acid, cerium oxalate, and bismuth subcar-

bonate was tried, but was found to be practically useless. Two cachets of Resor-Bisnol were then given and the vomiting did not recur until three hours had elapsed, when the dose was repeated with the same happy result. Two further repetitions at the same intervals brought an end to the vomiting. Thenceforth our case was treated and brought to a rapid cure by the following regime: Diet of scraped beef and hot water; 1 dram of Carlsbad salt in a tumbler of cold water sipped one hour before breakfast; $\frac{1}{3}$ minim of Fowler's solution before each meal, and 2 cachets of Resor-Bisnol after each meal, the dose of the latter remedy being diminished as the improvement progressed.

From the report of these few cases the following conclusions may be drawn: That Resor-Bisnol exerts a sedative effect upon the gastro-intestinal mucous membrane and is an efficient anti-emetic; that in virtue of the solubility of the resorcin in the preparation it is a valuable agent in combating gastric fermentation; thus preventing or relieving gastric distention; that the anti-fermentative action is exerted along the entire intestinal tract by the more insoluble bismuth compounds in the remedy, upon which are also dependent the mildly astringent properties of the drug; that the drug is easy and pleasant to administer in the convenient form in which it is put up (cachets of 15 grains each); and last, but not least, in importance, that its action is exceptionally prompt.

J. J. REILLY, A.M., M.D.

BELLEVUE HOSPITAL,

(Fordham Branch),

New York City, July 25, 1898.

RESOR-BISNOL IS MANUFACTURED EXCLUSIVELY

—BY—

BURROUGH BROS. MFG. CO.

CHEMISTS.

SAMPLES AND LITERATURE SENT UPON APPLICATION.

BALTIMORE, MD.